



The National Organization of Professional Black NRCS Employees (The Organization) 2005 Membership Application

Any person or organization subscribing to the purpose of the National Organization of Professional Black NRCS Employees is eligible to apply for membership. Please type in your information before printing. You may print a blank form to fill out by hand. Please print clearly. Feel free to copy blank form and distribute as needed. *(Please send 2 signed copies to the treasurer.)*

Terron Hillsman, Financial Secretary, The Organization,
4730 New Harvest Ln, Knoxville, TN 37918-7052

Please Print 3 copies: (2 for Treasurer and 1 copy for your records)

Choose Type of Membership

☐ **Lifetime Membership (\$500.00)**

- ☐ 1 payment (\$500.00) ☐ 2 payments (\$250.00)
☐ 4 payments (\$125.00) ☐ 5 payments (\$100.00)
☐ 8 payments (\$62.50) ☐ 10 payments (\$50.00)

☐ **Sustaining Life Membership**

Applicable to Life members who contribute \$130.00 or more annually after obtaining Life Membership status.

- ☐ I prefer to mail my payments
☐ I prefer Direct Deposit.

SSN#: _____ - ____ - _____ (Required)

☐ **1-Year membership for 2002 (\$45.00)**

Applicable to anyone who desires to be a member of The Organization.

☐ **Sustaining Annual Membership**

Applicable to any regular annual member who contribute \$130.00 or more annually towards the support of the Organization.

- ☐ I prefer to mail my payments
☐ I prefer Direct Deposit.

SSN#: _____ - ____ - _____ (Required)

Choose Type of Membership

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss First Name _____ M.I. ____ Last Name: _____

Title Agency: ☐ NRCS. Other: _____

Office Address _____

City _____ State _____ Zip _____ - _____

Phone: () _____ Fax: () _____ E-mail: _____

(If you prefer to receive Organization mailings at a different address please provide mailing information below.)

Office Address _____

City _____ State _____ Zip _____ - _____

☐ **Yes** I would like to be listed in The Organizations Network Directory!

What Region are you in?:

☐ East ☐ Midwest ☐ NHQ ☐ Northern Plains ☐ South Central ☐ Southeast ☐ West

Are you a Chapter Member? ☐ Yes ☐ No (if yes, which one?) _____

(Note: Chapter dues are not accepted or processed at National level. Please send your chapter dues to your local chapter.)

If asked, I am willing to serve on the:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Constitution & Bylaws | <input type="checkbox"/> Historical Black Colleges | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Employee Career & Development | <input type="checkbox"/> & Universities | <input type="checkbox"/> President's Advisory |
| <input type="checkbox"/> Budget | <input type="checkbox"/> Exhibits | <input type="checkbox"/> Liaisons | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Communications | | <input type="checkbox"/> Membership | <input type="checkbox"/> Ways and Means |

Total Enclosed \$ _____ **Signature** _____

FOR OFFICIAL USE ONLY

Date Received: _____

Authorized Initials _____